SUBJECT: Sexual Health Clinic Changes BOH09003 (City Wide)

RECOMMENDATION:

(a) That Public Health Services Sexual Health Clinics provide service to all priority risk populations regardless of age;

(b) That Public Health Services Well Women Clinic clients be integrated into Sexual Health Clinics and that the Well Women Clinics be closed;

(c) That Public Health Services Sexual Health Clinics expand hours of service to accommodate client demand at no additional cost to the Sexual Health Clinic budget;

(d) That delivery of services to women, immigrants and refugees be further explored with the Department of Family Medicine and;

(e) That low cost hormonal contraceptives be offered at a cost comparable to other central west health units and dependent on contraceptive brand cost.
EXECUTIVE SUMMARY:

A review of the Sexual Health Clinics was undertaken in 2007 and completed in the fall of 2008. The goals of the review were to ensure that clinic services offered are evidence based, efficient and responsive to the needs of our community. A variety of sources were consulted for this review including a Client Satisfaction Survey, chart audits, clinic statistics, interviews with clinic staff, Statistics Canada 2005 data, and Ministry of Health and Long Term Care documents, specifically the Sexual Health Services Manual 2002, the Canadian Guidelines on Sexually Transmitted Infections 2006, and the revised 2009 Public Health Standards. This report puts forward the recommendations that flow from the review and bring the program into compliance with the 2009 Public Health Standards.

BACKGROUND:

Currently there are two models of sexual health clinics in the City of Hamilton:

1) Sexual Health Clinics which provide walk-in service for women below age 20 requesting contraception, and service for men and women requesting testing/treatment for sexually transmitted infections (STI). These clinics are cost shared by the city and the Ministry of Health and Long Term Care (MOHLTC) and fund generated by OHIP billings for services provided by clinic physicians; and

2) A second clinic model, “Well Women Clinic” for women age 20-45 requesting contraceptives and testing and treatment for sexually transmitted infections. Well Women Clinics did not meet the MOHLTC’s Sexual Health Services Manual 2002 standards for service and therefore were funded strictly by OHIP billing for services provided by clinic physicians as approved by Board of Health in a previous report SPH05049 in October 2005. Well Women Clinics were strictly booked appointments in an effort to maximize OHIP billing services.

The Ministry of Health and Long Term Care’s Sexual Health Services Manual 2002 required Boards of Health to provide clinical services at a minimum of 4 hours per week per 150,000 or less population. Sexual Health Clinics are offered at four locations throughout Hamilton, including Stoney Creek, Mountain, Dundas and Waterdown. In 2007, there were 19.5 hours per week provided at Public Health Service Clinics meeting the 2002 requirement.

The Well Women Clinic was opened in 2006 to provide sexual health services for women age 20-45 who did not have a family doctor or immigrant or refugee women who prefer female providers for well women care. No other sexual health clinical services were available in the City of Hamilton for women of this age group who did not have family doctors. The Well Women clinics offers 3 hours of clinic service once a week, alternating clinic sites from the mountain clinic one week and then the east end clinic site on the following week. The clinic is staffed with a physician and a PHN who has additional training to complete Pap tests. Refugee and new immigrant Well Women clients often require an interpreter and extensive time at the Well Women Clinics. With the introduction of the 2009 MOHLTC Program Standards a separate clinic for women 20-45 is no longer necessary. The Well Women Clinic clients share the same risks for sexually transmitted infections and the need for low cost contraceptives as all other clients attending the Sexual Health Clinic sites.
Revised 2009 Public Health Standards direct Boards of Health to prevent and control sexually transmitted infections (STIs) and to promote healthy sexuality. Boards of Health shall assure screening for STIs to individuals who have identified risk factors and provide clinical services for priority populations that will include:

- health assessments and risk review with client
- contraception counselling and provision of contraceptives at cost and/or free for clients in financial need
- pregnancy tests and counselling
- post abortion counselling and referral
- counselling, diagnosis, treatment at no cost to the client, and management of STIs including cervical cytology (pap test); counselling, testing, and referrals for blood-borne infections
- provision of publicly funded vaccines to eligible clients
- provision of condoms at no cost

**ANALYSIS/RATIONALE:**

The review of Sexual Health Clinics found the following information which was used to determine the recommendations:

**Sexual Health Clinics**

Sexual Health Clinics are traditionally walk-in clinics but recently there has been an increase in the need to accommodate clients returning to see the physician or nurse practitioner for cervical cytology (Pap) tests and Sexually Transmitted Infection (STI) treatments. The time required for clients returning for Pap and STI treatments is predictable and takes up much of the time available for walk-in clients. Clinics are typically providing service from 30 -90 minutes after the clinic is closed to meet the needs of clients already at the clinic before the door is closed.

**Sexually Transmitted Infections in Hamilton**

In Hamilton, STIs accounted for 58% (1344 cases) out of 2318 cases of reportable diseases received by the Health Protection Division in 2007. Chlamydia was reported most often, followed by Gonorrhea. The incidence of Chlamydia and Gonorrhea in Hamilton in 2006 was higher than Ontario and equal to or higher than our comparator communities of Windsor-Essex and Ottawa. The highest risk age groups for chlamydia are males age 20-24 and females 15-24. For gonorrhea, the highest risk group are male age 20-39 and female age 15-29.

**Teen Pregnancy and Live Birth Rates**

According to the Ontario Ministry of Health Promotion 2007 pregnancy rates for 15-19 year olds in Hamilton decreased from 2000-2004 but remain higher than the provincial average. The same information source states live birth rates for 15-19 year olds has decreased from 2000-2004 and are similar to the provincial average.

**Access to Family Doctors in Hamilton**

The Hamilton Academy of Medicine estimates that approximately 50 000 residents in the City of Hamilton do not have a family physician.
Chart Review
A chart review was done at sexual health clinic sites from December 2005-January 2006. The audit focused on gender and age, where clients lived, how they found out about the clinic and the issue that brought them into the clinic.

Trends at Sexual Health Clinics
• A total of number of clients seen in 2003 (4374) were relatively the same as 2007 (4018) clients
• 75% of total clients are age 14-29
• More than 4 times the number of clients over 30 age group were seen in 2007 than 2005

<table>
<thead>
<tr>
<th>Clinic Site</th>
<th>14-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundas</td>
<td>47.4%</td>
<td>38.2%</td>
<td>9.2%</td>
<td>5.3%</td>
</tr>
<tr>
<td>East End</td>
<td>37.7%</td>
<td>43.4%</td>
<td>10.1%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Mountain</td>
<td>51%</td>
<td>41%</td>
<td>4.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Waterdown</td>
<td>84.8%</td>
<td>12.1%</td>
<td>3.0%</td>
<td>0%</td>
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</tbody>
</table>

Since 2001 there has been a significant increase in male clients from 78 in 2003 to 989 in 2007, a 1168% increase in male clients
• Female clients account for most of the clients under 20 years of age while males account for most clients over the age of 30 years

Clinic Services Statistics

Provision of Low Cost Contraceptives
Provision of contraceptives accounts for approximately 31% of services provided at the Sexual Health Clinics. Low cost contraceptives have been traditionally offered to women less than 25 years of age but with the expanded risk populations in the 2009 Public Health Standards, low cost birth control should be offered to all women who do not have a drug benefit plan. On March 21, 2006 the PH06010 report to Board of Health approved cost of contraceptive to be set at cost plus a 10% to account for administrative costs. Public Health currently pays $3.50 - $14.51 per pack depending on the brand. To be consistent with other health units and to standardize price, each pack would cost $8.00 or $15.00 depending on the brand, which includes a small fee for administrative costs.

Sexually Transmitted Infection (STI) Testing and Treatment
All Sexual Health Clinic sites have seen an increase in clients requesting STI testing and treatment; from 2005 to 2007 there was an increased demand of 114%. The AIDS Bureau has introduced a blood test that provides HIV results in 30 seconds. This test has been implemented at one clinic site in the fall of 2008. This test, also called a rapid
HIV test may increase the demand for STI testing even further and will require close monitoring to assess impact of demand for service on current clinic hours.

**Well Women Clinics**

The two clinic sites opened March 2006 and there were 499 client visits in the first year. In 2007 there were 798 client visits. Clients between the ages 21-30 accounted for 54% of the women seen and women over 30 accounted for 36% with less than 10% being under 21. In 2007, 47 of the 798 client visits were with Women Health Educators clients who required cultural interpreters, which requires a considerable amount of service time. Services provided included STI testing accounting for 33% of services provided, Pap tests (22%), and contraceptives (10%).

**Client Satisfaction Survey**

In the fall of 2007, a total of 254 clients completed a satisfaction survey of services provided at the clinics. Generally the clients were very satisfied with the service they received at all clinic sites. Comments were generally positive ranging from “excellent service”, “I think all adolescents should know about this clinic” to constructive feedback asking for “more hours and days of the week”, “open during school lunch hours”, “larger waiting rooms” and “more privacy”.

**PROPOSED CHANGES TO CLINIC SERVICES**

Based upon the information gathered from the Sexual Health Clinic Program Review the following are recommended to improve efficiencies, meet client needs and ensure the Board of Health is compliant with the 2009 Public Health Standards:

1. **Integrate the Well Women Clinic clients into the Sexual Health Clinics**
   With the introduction of the 2009 MOHLTC Program Standards a separate clinic for women 20-45 is no longer necessary. The Well Women Clinic clients share the same risks for sexually transmitted infections and the need for low cost contraceptives as all other clients attending the Sexual Health Clinic sites. The Well Women Clinic staffing model is not sustainable. It has been increasingly difficult to retain enough physicians to consistently staff the clinic. Currently there are a limited number of booked appointments and with the clinic only being opened once a week clients have limited access to services. Interviews with Well Women Clinic staff concluded the length of appointment times for immigrant women, the reliance on the Healthy Living Division’s Women Health Educator program to provide care for immigrant women, the restricted clinic times, and the limited clerical and nursing staff substantially restricts the number of immigrant women that could be seen. The extensive time spent with clients who have either language barriers or a complicated health history reduces the number of women who could be seen and therefore does not lend itself to a financially successful clinic. The services offered are the same as at our sexual health clinic sites and will be consistent with opening service to all ages. Women Health Educators will still be required for women who have language barriers.

2. **Extend Services at all Sexual Health Clinic Sites**
   New MOHLTC Program Standards focus on those clients with identified risk factors for STIs and pregnancy rather than an age limit for clinic services. All services,
including provision of low cost contraceptives, should be offered to all clients with identified risk factors. This is in keeping with the current demographics currently being seen at the clinics and the individuals at highest risk for STIs.

3. Expanded hours
Clinics often continue to provide service for 30-90 minutes after the doors close to accommodate all clients in the waiting area. Clinics could be open one hour prior to posted clinic start time for clients expected for Paps and STI treatments. Booking clients for these services in the hour prior to the clinics being open would allow the clinician to maximize booking and also allow more open clinic hours for walk-in clients who required service from the physician or nurse practitioner. Clinician hours of service time typically allotted to the Well Women clinic should be added to Sexual Health Clinic times to meet the high demand for service. Only the physician or nurse practitioner would need that allotted time. The cost of the physician would be covered by the OHIP billings.

### Sexual Health Clinic Hours of Operation

<table>
<thead>
<tr>
<th>2008 Current Clinic Schedule</th>
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</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
</tr>
<tr>
<td>Mountain</td>
</tr>
<tr>
<td>3-6 pm</td>
</tr>
<tr>
<td>East End</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2009 Proposed Clinic Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
</tr>
<tr>
<td>*2-6 pm</td>
</tr>
</tbody>
</table>

* Only the physician will start one hour early for booked Paps and STI treatments

Dundas Sexual Health clinic sees a large number of clients less than 20 years. The Dundas clinic clients indicated on the client satisfaction survey that the clinic be open during high school lunch hours. A pilot to extend clinic hours over secondary school lunch hours would be done to see if that will improve the accessibility for clients.

4. Low cost contraceptives
To maintain the lowest cost possible for clients the administration fee should be minimal. Clients will be encouraged to switch to less expensive contraceptive brands where there is no impact on health. Contraceptives will cost $8.00 which is comparable to other central west health units. Clients who remain on one of the two remaining contraceptive at the increased cost of $14.51 will only be charged $15.00 to account for a minimal administration fee.
ALTERNATIVES FOR CONSIDERATION:

1. That no change is made to current clinic models. This would not be consistent with the current 2009 MOHLTC Program Standards nor would not meet the needs of the community as evidenced by current clientele and high risk groups in Hamilton.
2. No increase in hours or service for immigrant and refugee women. The immigrant women who currently access the Well Women clinic have family physicians who could provide this care if the clinic were to close. We know anecdotally that women are not accessing sexual health care from family doctors due to cultural and or gender issues.
3. No further increase in hours be offered at the clinics. If no further hours are approved clients would have to be instructed to access service from a walk-in clinic or their family doctor.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

The proposed changes would be done within current budget allotment. Close monitoring of clinic services would need to occur over the next year to assess the impact of having expanded hours

POLICIES AFFECTING PROPOSAL:

2009 Ontario Public Health Standards

RELEVANT CONSULTATION:

McMaster University, Department of Family Medicine
Clients via Client Satisfaction Survey

CITY STRATEGIC COMMITMENT:

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

Community Well-Being is enhanced. ☑ Yes ☐ No
Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced. ☐ Yes ☑ No

Economic Well-Being is enhanced. ☐ Yes ☑ No

Does the option you are recommending create value across all three bottom lines? ☐ Yes ☑ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☐ Yes ☑ No